

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	17X	20891	9/24
O.I.P.E. CLASSIFIER		48	9/28/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		71471	11/7

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1 ✓	1/28/00
2 ✓	
3 ✓	
4 ✓	
5 ✓	
6 ✓	
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Claim	Date
Final	Original
51 ✓	1/30/01
52 ✓	
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60 ✓	
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100 ✓	

Claim	Date
Final	Original
101 ✓	1/30/01
102 ✓	
103 ✓	
104 ✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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